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## BIB DATA SHEET

CONFIRMATION NO. 2919

| SERIAL NUMBER  | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT                        | ATTORNEY DOCKET<br>NO.  |                                   |  |
|--|---|--|---------------------------------------|---|-----------------------------------|--|
| 10/781,504   | 05/06/2004  | 600  | 3774                                  | SPINE 3.0-455 CIP<br>CON II   |                                   |  |
| <b>APPLICANTS</b><br>Rafail Zubok, Midland Park, NJ;<br>Michael W. Dudasik, Nutley, NJ;<br>Joseph P. Errico, Green Brook, NJ;  |   |  |                                       |   |                                   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a CON of 10/688,632 10/17/2003 PAT 6,896,676<br>which is a CIP of 10/382,702 03/06/2003 PAT 6,908,484   |   |  |                                       |   |                                   |  |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |  |                                       |   |                                   |  |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>05/19/2004   |   |  |                                       |   |                                   |  |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and Acknowledged <u>/ANN SCHILLINGER/</u><br>Examiner's Signature |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR<br/>COUNTRY</b><br><br>NJ | <b>SHEETS<br/>DRAWINGS</b><br><br>17  | <b>TOTAL<br/>CLAIMS</b><br><br>19 | <b>INDEPENDENT<br/>CLAIMS</b><br><br>3 |
| <b>ADDRESS</b><br><br>LERNER, DAVID, LITTENBERG,<br>KRUMHOLZ & MENTLIK<br>600 SOUTH AVENUE WEST<br>WESTFIELD, NJ 07090<br>UNITED STATES  |   |  |                                       |   |                                   |  |
| <b>TITLE</b><br><br>INSTRUMENTATION AND METHODS FOR USE IN IMPLANTING A CERVICAL DISC REPLACEMENT<br>DEVICE  |   |  |                                       |   |                                   |  |
| <b>FILING FEE<br/>RECEIVED</b><br><br>685  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                                       | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                   |  |